

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>SA</i>	<i>32</i>	<i>6/14</i>
<b>FORMALITY REVIEW</b>		<i>1080</i>	<i>07/16/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>SA</i>	<i>825</i>	<i>10/19/01</i>

**Best Available Copy**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/15/01
2	✓	✓	7/15/01
3	✓	✓	7/15/01
4	✓	✓	7/15/01
5	✓	✓	7/15/01
6	✓	✓	7/15/01
7	✓	✓	7/15/01
8	✓	✓	7/15/01
9	✓	✓	7/15/01
10	✓	✓	7/15/01
11	✓	✓	7/15/01
12	✓	✓	7/15/01
13	✓	✓	7/15/01
14	✓	✓	7/15/01
15	✓	✓	7/15/01
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17	✓	✓	7/15/01
18	✓	✓	7/15/01
19	✓	✓	7/15/01
20	✓	✓	7/15/01
21	✓	✓	7/15/01
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23	✓	✓	7/15/01
24	✓	✓	7/15/01
25	✓	✓	7/15/01
26	✓	✓	7/15/01
27	✓	✓	7/15/01
28	✓	✓	7/15/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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523  
10/19/01

DO  
10/19/01